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Health Regulation & Licensing Administration (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING ALR-0006 05/07/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW **GRAND OAKS ASSISTED LIVING** WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) R 000 Initial Comments R 000 An annual survey was conducted from 04/30/18 through 05/07/18 to determine compliance with the Assisted Living Law "DC Code § 44-101.01". The Assisted Living Residence (ALR) is licensed to a capacity of two-hundred (200) residents. Currently the ALR provides care for one hundred sixty-five (165) residents and employs one hundred eighty-five (185) staff members. A random sample of 15 (fifteen) residents' records and eighteen (18) employees' records were selected for review. The findings of the survey were based on observation throughout the facility. clinical and administrative record review, and resident, family and staff interviews. It should be noted that prior and during the course of the survey, the surveying team received residents' concerns that were incorporated as part of the annual survey inspection. The residents' concerns alleged the following: Allegation #1: Grand Oaks distributed an undated document titled "Community Guidelines" on April 18, 2018 without advance notice. Residents were not able to review or comment. The guidelines "dictates" new policies that affect a resident's ability to have their loved ones spend the night, as well as a resident's ability to speak to other resident's. Conclusion: The allegation could not be substantiated. Allegation #2: Grand Oaks guest policy is restricting overnight stays to 30 nights out of 365 days in a year. Any guest who stays overnight more than 30 days in a 12-month period is considered a permanent resident.

Health Regulation & Licensing Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Conclusion: The allegation could not be

TITLE

(X6) DATE

PRINTED: 09/19/2018 FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING ALR-0006 05/07/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW **GRAND OAKS ASSISTED LIVING** WASHINGTON, DC 20016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R 000 Continued From page 1 R 000 substantiated. Allegation #3: Grand Oaks has stipulated in the "Community Guidelines" that Solicitation is not permitted at Grand Oaks and has established an "Opt Out" if you choose not to participate in resident to resident information sharing. Conclusion: The allegation was substantiated, however did not violate the Assisted Living Law "DC Code § 44-101.01". Allegation #4: The facility's management failed to ensure questions and concerns raised by Resident and Family Council (RFC) were addressed in a timely manner to include the request to (1) provide a room large enough to accommodate RFC attendees; (2) allow open promotion of the RFC meetings; (3) include the RFC meetings in Grand Oaks weekly activity schedules; (4) recognize the RFC meetings as a legitimate resident meeting/activity; and (5) not regularly responded to written requests resulting from the meetings. Conclusion: This allegation could not be substantiated.

Health Regulation & Licensing Administration

participation."

substantiated.

Allegation #5: The Executive Director issued a false statement to the Grand Oaks community, which contained inaccurate and inappropriate comments about the RFC in an attempt to "demonize the organization and undercut

Conclusion: This allegation could not be

Allegation #6: Grand Oaks Assisted Living personnel failed to respond to a lifeline button

CZ7011

FORM APPROVED Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING __ ALR-0006 05/07/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 MACARTHUR BLVD NW

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE
R 000	Continued From page 2 timely. Conclusion: The allegation was substantiated, however did not violate the Assisted Living Law	R 000		
	"DC Code § 44-101.01". Allegation #7: Grands Oaks nursing personnel failed to ensure privacy during the medication pass.			
	Conclusion: The allegation was partially substantiated, however did not violate the Assisted Living Law "DC Code § 44-101.01".			
	Allegation #8: Grand Oaks management staff failed to ensure there were adequate transportation services available for community integration.			
	Conclusion: The allegation could not be substantiated.			
	At the time of this survey, the ALR was found to be in substantial compliance with the Assisted Living Law "DC Code § 44-101.01."			

Health Regulation & Licensing Administration

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